

ROUTING AND TRANSMITTAL SLIP

Date

11 FEB 81

TO: (Name, office symbol, room number,
building, Agency/Post)

Initials

Date

1. C/OPS

Jm

2/12

2. DD/FBLS

m

2/12

3. D/FBIS

g

4.

5. C/OPS

Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

REMARKS

DO NOT use this form as a RECORD of approvals, concurrences, disposals,
clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)

Room No.—Bldg.

C/ED&SS

Phone No.

5041-102

OPTIONAL FORM 41 (Rev. 7-76)
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